

**STATE OF WASHINGTON  
NAVIA BENEFITS CARD/DIRECT DEPOSIT AUTHORIZATION FORM**



**Employee Information**

Last Name, First Name _____		SSN (or Employee ID if higher education) _____	
Address _____		City _____	State _____ ZIP code _____
<input type="checkbox"/> <b>Address Change</b>			
Email - REQUIRED FOR DEBIT CARD _____		DOB (MM-DD-YYYY) _____	

**Navia Benefits Card Election**

**IMPORTANT:**

- Complete the section below if you did **not** elect a debit card when you enrolled in the Medical FSA for 2019, are requesting additional cards, or if your card was lost or stolen.
- You must elect the debit card from Navia Benefit Solutions each year you wish to use it.
- If you received a card in 2018 and reenrolled in the Medical Flexible Spending Arrangement (FSA) for 2019, your existing debit card will be loaded with your new elected funds.
- **Do NOT complete this section if you already elected a debit card when you enrolled in the Medical FSA for 2019.**

<p align="center"><b>Medical FSA Debit Card</b></p> <p>A debit card that pays for your qualifying medical expenses from the Medical FSA</p>	<p>There is no cost for you to receive the debit card. <b>You must provide an email address to use the debit card.</b></p>
<p><input type="checkbox"/> YES, I authorize Navia Benefit Solutions to issue a debit card for my Medical FSA benefit for the 2019 plan year.</p> <p><input type="checkbox"/> YES, I would like an <b>additional</b> card for my spouse or eligible dependent. Please issue an additional card at no cost for:</p> <p><input type="checkbox"/> Spouse   <input type="checkbox"/> Dependent _____</p> <p align="center" style="font-size: small;">Last Name, First Name</p>	
<p>I acknowledge that I have read the entire form and agree to follow federal and state rules for this benefit as explained in the IRS Regulations and in the Medical FSA Enrollment Guide.</p> <p>X _____</p> <p><b>Employee Signature</b> <span style="float: right;"><b>Date</b></span></p>	

**Direct Deposit Authorization**

**IMPORTANT:**

- Complete the section below if your direct deposit information has changed, or if you did **not** provide direct deposit information when you enrolled in the Medical FSA and/or DCAP.
- **Do NOT complete this section if you already provided direct deposit information when you enrolled in the Medical FSA and/or DCAP.**

<p align="center"><b>Direct Deposit</b></p> <p>Medical FSA and/or DCAP reimbursements are electronically deposited into your bank account.</p>	<p><input type="checkbox"/> Checking      <b>Routing #</b> _____</p> <p><input type="checkbox"/> Savings        <b>Account #</b> _____</p>
<p>This direct deposit authorization will remain in full force and effect until Navia Benefit Solutions has received written notification from me of its termination in such time and in such manner as to afford Navia Benefit Solutions and the banking institution a reasonable opportunity to act on it.</p> <p><input type="checkbox"/> YES, I authorize Navia Benefit Solutions to electronically deposit my Medical FSA and/or DCAP reimbursements into the above specified bank account.</p> <p>X _____</p> <p><b>Employee Signature</b> <span style="float: right;"><b>Date</b></span></p>	

Send signed, completed forms by fax (425) 451-7002 or toll-free (866) 535-9227, email to [election@naviabenefits.com](mailto:election@naviabenefits.com), or mail to Navia Benefit Solutions, PO Box 53250 Bellevue, WA 98015-3250

### **Direct Deposit**

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- Navia Benefit Solutions will initiate all direct deposits on the same day as the reimbursement date. Once your claim is approved, deposits may take a few days to appear in the designated account.
- Navia Benefit Solutions will deduct a \$10 fee from your Medical FSA/DCAP account for returned items due to incorrect banking information.

### **Navia Benefits Card (Medical FSA only)**

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- You must provide a valid email address to receive the Navia Benefits Card.
- Navia Benefit Solutions will send one card in the mail with your name on it. If you requested an additional card for a spouse or dependent, it will be sent separately. You may request additional or replacement cards at no cost.
- You must elect the debit card each year you want to use the card. If you received a card in 2018 and you reenroll in the Medical FSA for the 2019 plan year, Navia Benefit Solutions will load your current card with your new Medical FSA elections.
- The debit card is valid for three years. Navia Benefit Solutions will send you a new card before it expires if you are still enrolled at that time.

### **Substantiating Debit Card Expenses**

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- You have up to 75 days from the transaction date to submit the necessary documentation requested to substantiate a debit card expense.
- Per IRS regulations, debit card transactions that have not been substantiated by the 75-day deadline will result in the temporary suspension of your debit card.
- Your card will be reactivated once all outstanding transactions have been substantiated.

### **Lost Receipts or Ineligible Expenses**

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You have two options if you have an ineligible debit card charge or you lost your receipts:

- Pay back the amount of money you owe for the ineligible/unsubstantiated expense(s) by submitting a personal check, money order, or payment through your bank's online bill pay to Navia Benefit Solutions.
- Submit additional claims to substitute the lost receipt or ineligible expense. You must note on the claim form or online when you substitute a claim for a previous lost receipt or ineligible expense.